

#13
Anand E



GNVPN.019B1USA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

) Group Art Unit: 1632

James M. Wilson et al

)

) Examiner: Ram Shukla

Appln No: 09/757,673

)

)

)

)

)

) October 30, 2002

RECEIVED

Filed: January 10, 2001

NOV 01 2002

For: METHOD FOR RECOMBINANT
ADENO-ASSOCIATED VIRUS-
DIRECTED GENE THERAPY

Box Non-Fee Amendment
Commissioner for Patents
Washington, DC 20231

TECH CENTER 1600/2900

AMENDMENT

Sir:

This paper is filed in timely response to the Office Action dated July 30, 2002. Kindly amend the application as follows.

In the Claims

Amend claims 12, 18, 23 and 24 as follows.



Express Mail No. ET756698803US

-31-02

1A9 1632

Please type a plus sign (+) inside this box →

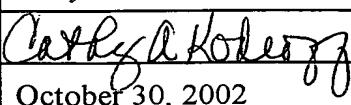
PTO/SB/21 (08-00)

TRANSMITTAL FORM OCT 30 2002 <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/757,673	RECEIVED
		Filing Date	January 10, 2001	NOV 01 2002
		First Named Inventor	James M. Wilson et al	TECH CENTER 1600/2900
		Group Art Unit	1632	
		Examiner Name	Ram Shukla	
		Total Number of Pages in this Submission	14	Attorney Docket Number

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1 pp.- Appendix A-Marked up Version of Amended Claims. 3 pp.-Appendix B-Clean copy of Pending Claims.
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	HOWSON AND HOWSON Cathy A. Kodroff		
Signature			
Date	October 30, 2002		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed name			
Signature			

Burden of Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231



00270

PATENT TRADEMARK OFFICE

Express Mail No. ET756698803US